



City of Port Aransas - Utilities

710 West Avenue A

Port Aransas, TX 78373

361-749-4111 or FAX 361-749-5270

www.cityofportaransas.org

ACH DRAFT DISCONTINUATION REQUEST

I, _____ hereby request that the ACH draft for my monthly
Print Name As It Appears On Acct. utility bill be discontinued.

I understand that if this request is submitted to the City after the current billing process and the ACH has been processed, I am fully responsible for the payment, NSF charges, late charges, etc. if draft can not be processed as scheduled.

Utility Account #

Service Address

Customer Signature

Date

DBA: (If applicable)

Phone #

Office Use Only

DATE: _____ PROCESSED BY: _____

ORIGINAL ACH DRAFT APPLICATION WAS SHREDDED.